MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008891
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2142

FILED MAR 8 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF
1		
2	215	72
3		
4	1	
5	2	
6		
7	0	
8	2	
9		
10		
11		
12	73-0	
13		
	73	

DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis
Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION: St.Anthony
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St.Louis
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 3649 a Gasconade
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Adele Middle: Veronica Last: Kasting

4. DATE OF DEATH: Month Day Year: Feb. 24, 1963

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 1/21/1900

9. AGE (last birthday): 63
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and state or country): St.Louis Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Charles Cook

13b. MOTHER'S MAIDEN NAME: Charlotte Welsh

14. NAME OF HUSBAND OR WIFE: Raymond Kasting

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or date)
ITY NO.

17. INFORMANT: Shirley Bridges
Address: 3649a Gasconade

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	ARTERIOSCLEROTIC HEART DISEASE	10 YEARS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	ARTERIOSCLEROSIS GENERALIZED	UNK
DUE TO (c)	420.0	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 1) EMPHYSEMA - 2) ASTHMA BRONCHIAL

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct 1953 to Feb 24 63 and last saw her/him alive on Feb 24 63
Death occurred at 11:50 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Henry C Bergen (Degree or title): Md

22b. ADDRESS: 48 Olivette Rd. St Louis Mo

22c. DATE SIGNED: 2/26/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Mar. 1, 1963

23c. NAME OF CEMETERY OR CREMATORY: Calvary

23d. LOCATION (City, town, or county) (State): ST. Louis Mo.

24. FUNERAL DIRECTOR: E.J.Schnur ADDRESS: 3125 Lafayette

25. DATE RECD. BY LOCAL REG.: FEB 26 1963

26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

DR. WARNER PAUL BROWN BLDG.
CH1-4795
10-3 PM MON-TUESDAY

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Jos B Warner

Licensed Embalmer No. 4014

P. O. Address 325 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.